

**Exhibit Fit, Willing, and Able (FWA)**

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Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☐ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☐ No

*If "Yes", list judgements here:*

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4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☐ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☐ Yes ☐ No

**BEFORE**  
**THE PUBLIC SERVICE COMMISSION**  
**OF SOUTH CAROLINA**  
**DOCKET NO. 2020-238-T**  
**CERTIFICATE OF SERVICE**

I, **CARL E. BELL**, hereby certify that I have, on this **16<sup>th</sup> day of December, 2020**, served the **EXHIBIT FIT, WILLING, AND ABLE (FWA) for Budget Movers of Augusta, Inc.**, upon the parties listed below by email to the following person(s) and addresses:

**Christopher M. Huber**  
[chuber@ors.sc.gov](mailto:chuber@ors.sc.gov)  
Office of Regulatory Staff  
1401 Main Street, Suite 900  
Columbia, SC 29201

**Carri Grube Lybarker**  
[clybarker@scconsumer.gov](mailto:clybarker@scconsumer.gov)  
SC Department of Consumer Affairs  
293 Greystone Boulevard, Suite 400  
PO Box 5757 | Columbia, SC | 29250-5757

**Roger Hall**  
[rhall@scconsumer.gov](mailto:rhall@scconsumer.gov)  
SC Department of Consumer Affairs  
293 Greystone Boulevard, Suite 400  
PO Box 5757 | Columbia, SC | 29250-5757

  
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Columbia, South Carolina  
December 16, 2020